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ABSTRACT

Traditionally, measures of psychological symptomology have been employed as the most useful criteria for identifying needs in specific communities, including measures derived from clinical screening inventories. A path analytic model of the relationships among indicators of need was derived from a survey of 1495 residents from four catchment areas of a southwestern state. Measures were obtained of four demographic variables, i.e., age, income, education and divorce status, positive and negative life events, psychological symptoms, life quality, and service use. The most parsimonious causal model was constructed based on the empirical relations among the measures. Life events were found to play an important though complex role in defining need, and life quality as well as symptom measures were found to be useful in predicting service use. Different types of predictors appeared to be important in explaining service use for different catchment areas. The findings suggest that the best indicators of need are, in part, a function of the unique characteristics of the community. (Author/NRB)

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Path Analytic Frameworks for Behavioral Health Needs Assessment

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Path Analytic Frameworks for Behavioral Health Needs Assessment

A causal model was constructed to depict empirical relations among four types of indicators of mental health need for community residents: Demographic Characteristics, Life Events, Psychological Well-Being, and Service Utilization. In developing this model, several key issues in the assessment of community mental health needs were addressed. First, life events were tested as mediators in the relationships between demographic measures and psychological well-being, based on the proposition that poor social conditions lead to more life stress, which in turn can lead to psychological distress (Dohrenwend, 1978).

Second, the model assesses the potentially beneficial and/or harmful effects of positive life events. While this question has received some recent attention in the literature (e.g., Zautra & Simons, 1979), there is little agreement on the role of positive events in assessing mental health or well-being. Third, there has been some question concerning the most useful criteria for identifying needs in specific communities. Traditionally, measures of psychological symptomotology have been employed, including measures derived from clinical screening inventories. Nonetheless, there has been increasing support for measuring positive aspects of well-being such as the capacity of residents to find sources of satisfaction and quality in their lives. Thus, this research included measures of Perceived Quality of Life (Andrews & Withey, 1976) to see how such instruments fit with other need indicators.

Finally, for a given community, the sensitivity of these measures to needs for services may depend upon the characteristics of the people residing there. In this preliminary study, data from four catchment areas were analyzed separately to test for community differences in predictors of need.

Method

Survey Sample and Procedures. A total of 1495 completed interviews were

obtained from 400 residents contacted in each of four catchment areas of a southwestern state. A multi-stage area sampling procedure was used to identify clusters of households within each area and a specific street block was then randomly selected from each cluster. Interviewers with appropriate language skills were used for Spanish and Indian populations and the self-administered portions of the questionnaire were printed in both Spanish and English.

Survey Instruments. The interviewer administered the primary questionnaire which included:

1. Seven quality of life items taken from the Andrews and Withey (1976) Perceived Quality of Life Scale to assess residents' evaluations of the "goodness" of several areas of concern in their lives (e.g., self, family, job).

2. Twenty-six stressful life event items, including subjective assessment of their positive and/or negative outcomes, were adopted from Holmes and Rahe (1967) to assess major life changes over the last year.

3. Demographics including age, sex, income, education, and divorce status were obtained. Persons divorced or separated were considered divorced, and those single, widowed, or married were considered not divorced.

The self-administered portion of the questionnaire included:

1. The mental health status scale which was the first five subscales of the SCL-90 (Derogatis, 1974). These subscales assess depression, anxiety, obsessive-compulsiveness, somatization, and interpersonal sensitivity. This fifty-four item shortened version was used to control costs and because sufficient confidence in the comparability of scores was available due to the extensive validational work on these same five dimensions from the parent scale, the Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974).

2. Utilization of treatment services was determined by asking if the person was presently receiving help for a mental or emotional problem, a drinking problem, or a drug or medication problem.

Results and Discussion

The path diagram which best fits the data using a minimum of direct linkages between variables is shown in Figure 1. The coefficients are computed for the total sample and corrected for attenuation based on internal consistency reliability estimates. In this model, demographic relationships with Well-Being and Service Use could be explained by intervening Life Events, with the exception of income. A direct path to Life Quality had to be drawn to fully account for that relationship. For all other demographic relationships, indirect paths were sufficient; the average absolute discrepancy between the correlations predicted by the model and those actually obtained for demographic conditions was .053.

Positive Life Events appeared to have beneficial effects on Life Quality, but also to have some indirect negative effects through their relationship with negative events. Negative life events functioned as expected from prior research, with direct paths to reduced Life Quality, more Symptoms, and increased Service Use.

The value of assessing positive aspects of well-being as well as Psychological Symptoms was apparent from the model. Not only were reports of Life Quality useful in identifying some of the effects of Positive Events, but they also contributed to the prediction of Service Use.

The relationships between measures of Well-Being and Service Use were necessarily small: The disproportionate frequencies of non-service users to service users, (95 to 5 percent) restricts the size of the correlation. In addition, there appeared to be differences between catchment areas in their

patterns of service use.

Some appreciation of the differences in service patterns can be gained through inspection of Figure 2, which shows the relationships among predictors for each catchment area using uncorrected correlations. Labels are attached to those areas to highlight their most characterisitc features. Of particular interest were the differences in the level of prediction afforded by Life Quality versus Symptoms across the four areas. It appeared that in the more conservative rural area, Symptoms were important, but in the Mexican-American inner city, Life Quality was more predictive. In the area of rapid growth with few established services, neither indicator was associated with Service Use, perhaps because of limited access to services in that area. Thus it appears that the best indicators of need are at least partly a function of the unique characteristics of the community.

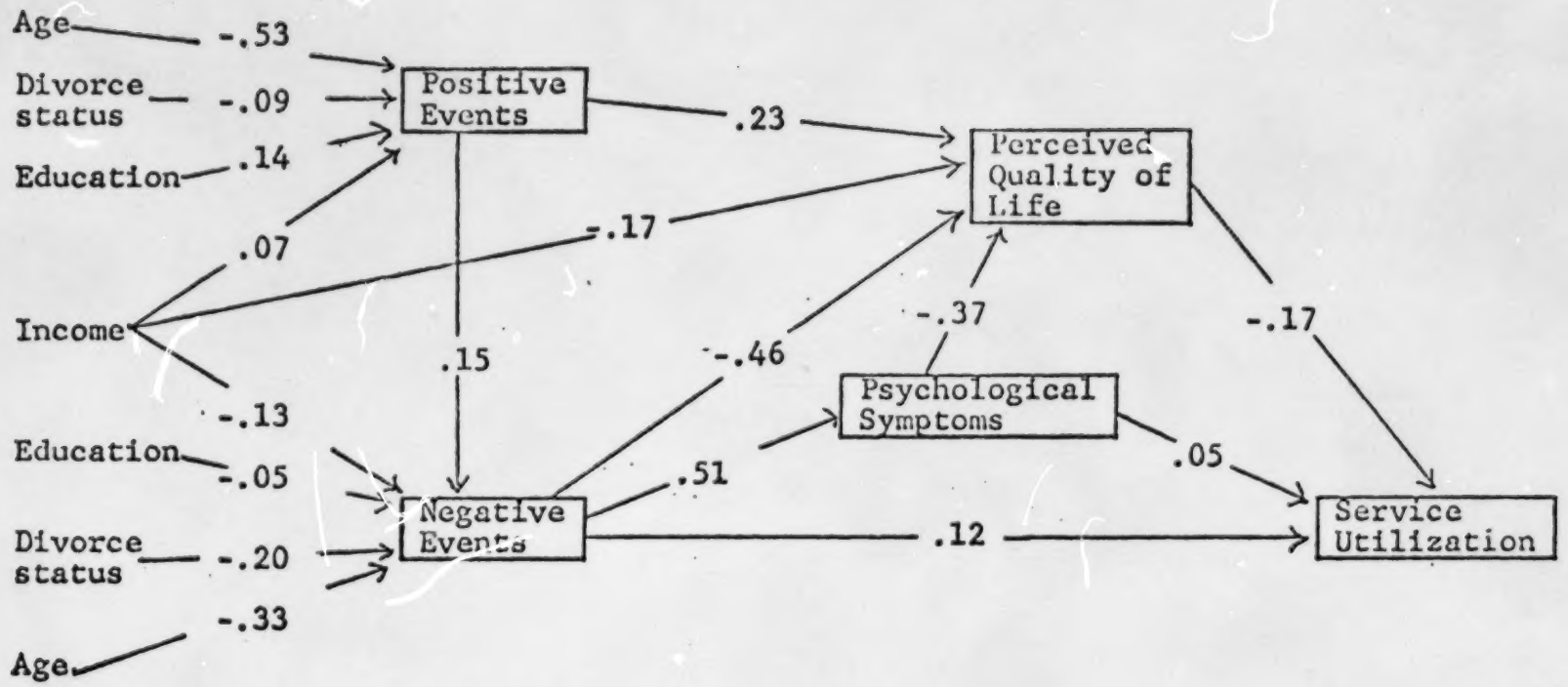

Figure 1. A path analytic model showing the relationship among indicators of need.

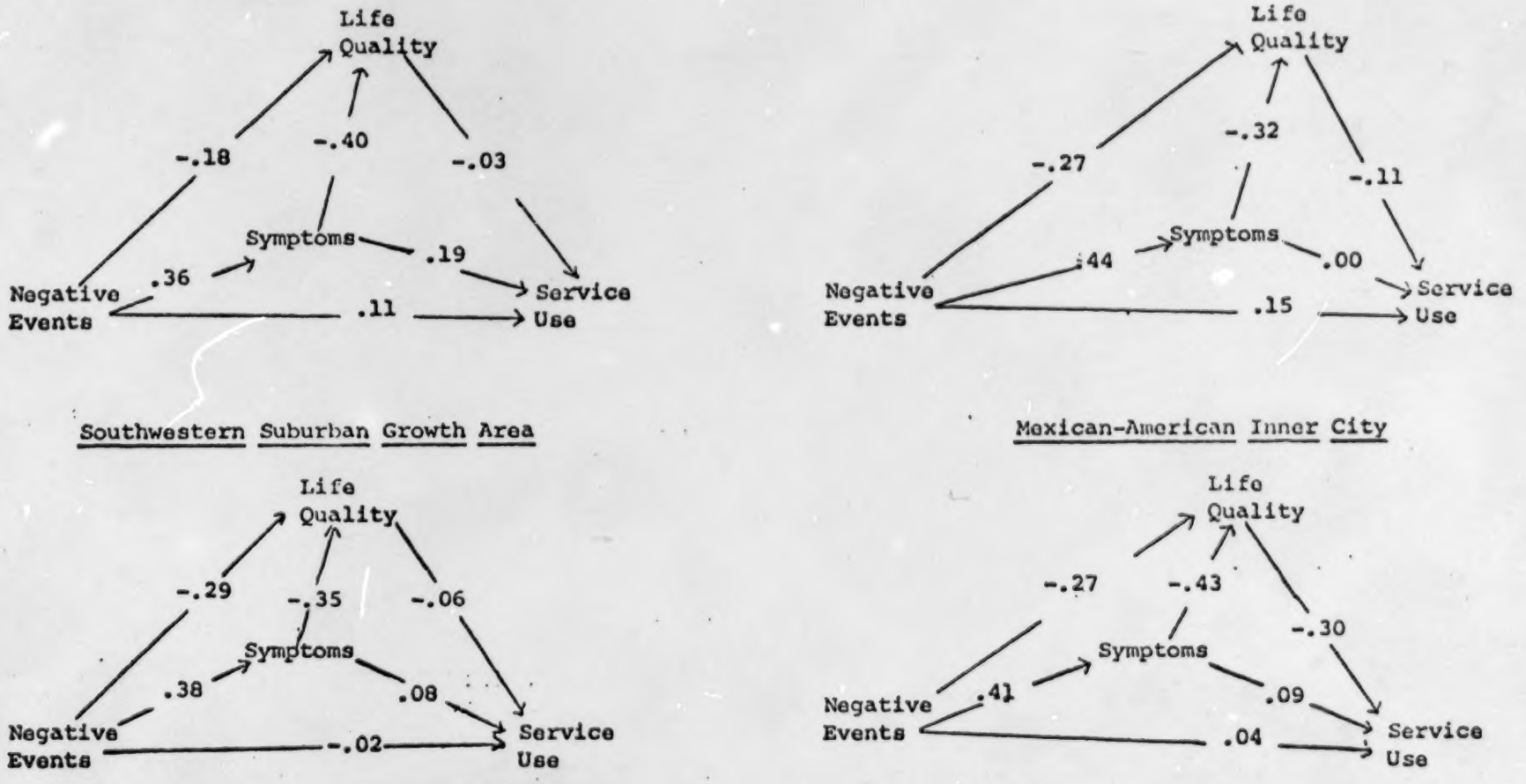

Figure 2. Paths to service use in four catchment areas of a southwestern state.

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